

1.) CORPORATION NAME:

Chemtura Corporation

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

SCC ID NO: **F1692823**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000,000
PREFA	150,000
PREFER	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 199 BENSON ROAD

CITY/ST/ZIP: MIDDLEBURY, CT 06749-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	CRAIG A ROGERSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	199 BENSON RD		
CITY/ST/ZIP/CO:	MIDDLEBURG, CT 06749-		
NAME:	JAMES W CROWNOVER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749-		
NAME:	ROGER L HEADRICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749-		
NAME:	ALAN S COOPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749-		
NAME:	ANNA C CATALANO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749-		

NAME:	JEFFREY J BENJAMIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749-		
NAME:	JOHN K WULFF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749-		
NAME:	JONATHAN F FOSTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749-		
NAME:	TIMOTHY J BERNLOHR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749-		
NAME:	BILLIE S FLAHERTY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDELEBURY, CT 06749-		
NAME:	BILLIE S FLAHERTY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749-		
NAME:	ALAN M SWIECH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749-		
NAME:	CHET H CROSS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749-		
NAME:	DALIP M PURI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749-		
NAME:	DALIP M PURI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	199 BENSON ROAD		
CITY/ST/ZIP/CO:	MIDDLEBURY, CT 06749-		

NAME: KEVIN V MAHONEY TITLE: VICE PRESIDENT ADDRESS: 199 BENSON ROAD CITY/ST/ZIP/CO: MIDDLEBURY, CT 06749-	<input checked="checked" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: LAURENCE ORTON TITLE: ASSIS.SECRETARY ADDRESS: 199 BENSON ROAD CITY/ST/ZIP/CO: MIDDLEBURY, CT 06749-	<input checked="checked" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: STEPHEN C FORSYTH TITLE: CFO ADDRESS: 199 BENSON ROAD CITY/ST/ZIP/CO: MIDDLEBURY, CT 06749-	<input checked="checked" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: VINCENZO ROMANO TITLE: VICE PRESIDENT ADDRESS: 199 BENSON ROAD CITY/ST/ZIP/CO: MIDDLEBURY, CT 06749-	<input checked="checked" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ VINCENZO ROMANO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VINCENZO ROMANO, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE
10/11/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	